







APPLICATION FORMS

AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009 STATE ENERGY PROGRAM

SUBMITTAL DEADLINE:

June 25, 2010 4:00 PM CDT

MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENERGY
1101 RIVERSIDE DRIVE
P.O. BOX 176
JEFFERSON CITY, MO 65102-0176

FORM A - APPLICATION SUMMARY PAGE					
Provider Informat	ion				
Provider Name:		Con	tact Name:		
DUNGN		Title	of Contact:		
DUNS Number:		Ema	nil Address:		
FEIN Number:		Telephor	ne Number:		
Mailing Address:		Fa	ax Number:		
City:					
Zip Code + 4:					
Provider Profile					
	Type of Pr	ovider:			
	Number of Emp			-	
	Headquarters L			-	
		State):			
Signature					
Signature					
I hereby certify that I	am authorized to submit th	is form and that the information p	resented in this form i	s true and accurate. In addition	
I hereby certify that I am authorized to submit this form and that the information presented in this form is true and accurate. In addition, I agree to abide by all the terms and conditions described in the Missouri Department of Natural Resources <i>Energize Missouri Industries</i> –					
Best-Price Energy Efficiency, pre-qualification form, and all supporting documents.					
	Name	Signatur	e	Date	
		Missouri Department of Na			
Date Ro	eceived	Time Received	<u>_</u>	Proposal Number Assigned	

FORM B - PROVIDER PRE-QUALIFICATIONS				
Provider Background				
Provide information on the provider's history, mission, number of employees, services and products offered. Answers are restricted to the space below.				

FORM B - PROVIDER PRE-QUALIFICATIONS			
Provider Background (continued)			
Local Presence			
Provide information on the provider's presence in the state of Missouri; include the location of office(s), the number of employees assigned to these offices and the nature of business performed at these sites.			

FORM B - PROVIDER PRE-QUALIFICATIONS

Relevant Project Experience

Provide a description of a minimum of three relevant projects to a maximum of five relevant projects, using the format below, that are similar to the scope of this program and demonstrate the provider's ability to meet the goals of the Best-Price Energy Efficiency Program as well as the stringent performance and reporting requirements of *Energize Missouri Industries*.

Client Name:	
Project Location:	
Services Provided:	
Project Start Date:	
Project Completion:	
Project Description:	

FORM B - PROVIDER PRE-QUALIFICATIONS

Key Personnel Experience

Provide documentation of all key personnel that will be assigned to this project and list any previous experience
that qualifies these persons to perform work under Energize Missouri Homes by using the format below.

Name:	
Title:	
Years of Experience:	
Education (Degree/University/Year):	
Professional Licenses and Certifications:	
Project Experience:	

FORM C - PROVIDER IMPLEMENTATION STRATEGY Proposed Implementation Strategy Provide a description of the provider's proposed implementation strategy for delivering targeted energy reductions. Identify the focus of potential projects, whether it is on one particular type of technology or several types of technologies; identify targeted industrial and/or commercial customers; describe projects that have already been identified; and provide any other relevant information. Answers are restricted to the space below.

FORM D - ACKNOWLEDGEMENT OF PROGRAM TERMS AND CONDITIONS

Program Requirements

By submitting this application for pre-qualification to participate in the Best Price Energy Efficiency Program, I hereby certify my understanding and acknowledgment of the American Recovery and Reinvestment Act of 2009 (ARRA) Terms and Conditions relevant to this program and ensure compliance of all future undertakings funded by *Energize Missouri Industries*.

Program Terms and Conditions include, but are not limited to, the following:

- National Environmental Protection Act.
- National Historic Preservation Act.
- Buy American Act.
- Davis-Bacon Act for prevailing wage.

Signature	Date
Printed Name	Title